



**District of Columbia State Innovation Model**  
HIE Technology Work Group: Meeting Summary

October 26, 2015  
3:30 p.m. – 5:00 p.m.

**Participants present (in person and/or via teleconference) [19]:** Scott Afzal (CRISP), Chris Botts (DHCF), Marisa Brown (Georgetown), Evan Carter (CRISP), Randy Dunlap (Thrasys), Emily Eelman (Unity), Deonne Gantt-Bey (LCHC), Spence Heron (DOH), Kate Kiefert (ONC), Paul Lobo (DBH), Rolando Medina (DOH), Donna Ramos-Johnson (DCPCA), Alison Rein (AcademyHealth), Brendan Sinatro (DCHA), John Sumner (DHCF), Shelly Ten Napel (DHCF), Gavin Weiss (DDS), Joe Weissfeld (DHCF), Travis Woodruff (DBH)

TOPIC	DISCUSSION
<u>Overview and Goals of Technology Workgroup</u>	<ul style="list-style-type: none"><li>• <b>Overview:</b> As a community, analyzing how we can exchange our data together</li><li>• <b>Goal:</b> Support the creation of an HIE proposal that supports the payment and care coordination reform efforts currently underway in the District<ul style="list-style-type: none"><li>➤ Steps on how to build an HIE/HIT infrastructure that can support these efforts</li></ul></li></ul>
<u>Universal Data Set</u>	<ul style="list-style-type: none"><li>• Core set of data (previously referred to as a “universal care plan”) that would be accessible and useful across providers regardless of specialty and/or condition being treated<ul style="list-style-type: none"><li>➤ Reviewed key elements captured during previous Care Coordination meeting (See Care Coordination Meeting #2 Summary for more details);</li><li>➤ Additional potential data elements discussed included:<ul style="list-style-type: none"><li>▪ Adverse reactions/allergies to medications</li><li>▪ List of acute/chronic diseases</li></ul></li></ul></li></ul>

TOPIC	DISCUSSION
	<ul style="list-style-type: none"> <li>• Discussed DC’s Developmental Disabilities Administration (DDA) <b><i>Health Passport Initiative</i></b> (in collaboration with Georgetown University’s Center for Child and Human Development) <ul style="list-style-type: none"> <li>➤ Based on the Massachusetts Health Passport Project initiated in 2004</li> <li>➤ Summary paper-based report for patients (up to 5 pgs.) that caregivers bring to all medical visits/appointments (ER, PCPs, specialists, etc.)</li> <li>➤ Includes useful patient information such as who specialty providers are, risk stratification data, functional status of the patient (e.g., ability to speak, walk, etc.), and changes in mental status</li> <li>➤ Managed electronically, including in some EHRs, by service provider <ul style="list-style-type: none"> <li>▪ Due to the lack of interoperability, paper, rather than electronic, reports are used during the actual health care visits/appointments</li> </ul> </li> </ul> </li> <li>• DBH discussed their <b><i>Web Infrastructure for Treatment Services (WITS)</i></b> substance abuse disorder (SUD) system, which is a performance monitoring database developed by SAHMHSA <ul style="list-style-type: none"> <li>➤ Captures key information for all the people seen by substance abuse professionals in the district including basic demographic information and length of time since last abuse</li> <li>➤ Also includes a feature called “Gain Access Call,” which is a series of structured questions that, depending on responses, helps assign patients to either mental health or substance abuse treatment centers</li> </ul> </li> <li>• CRISP discussed their concept of a <b><i>Care Profile</i></b> <ul style="list-style-type: none"> <li>➤ Objective, longitudinal view of a patient’s health across episodes using claims data, among other sources, to populate</li> <li>➤ In comparison to a <i>Care Plan</i>, which is more a subjective, episodic view</li> </ul> </li> <li>• <u>Next Steps</u>: Common Care Assessment and Care Plan Subcommittee will convene to analyze current tools used within the District and report back on a potential core data elements with which to create a Care Profile-type tool</li> </ul>

<p><u>Sources of and Gaps in Data</u></p>	<ul style="list-style-type: none"> <li>• <b>Potential sources</b> include EHRs, MMIS Claims Data, DBH’s iCAMS, DOH registries (immunization, laboratory, communicable diseases, and clinical/syndromic surveillance], and personalized patient info (fubit, mobile apps [e.g., Apple’s HealthKit and ResearchKit], online health journals, etc.)</li> <li>• <b>Gaps and challenges</b> highlighted during the discussion included 1) information on patient encounters with other facilities, 2) capturing accurate basic demographic information (e.g., contact info, etc.), 3) data silos (e.g., current databases are not linked or interoperable), 4) lack of data feedback loops (e.g., correct and/or update data already captured), and 5) beneficiary education on self-management</li> <li>• <u>Next Steps:</u> Create an in-depth analysis of the backend architecture of existing databases in use within the District and potential connection points for improved data exchange</li> </ul>
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